

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-018,698

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1/2				
4		1/2				
5		1/2				
6		1/2				
7		1/2				
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TOTAL IND.	3					
TOTAL DEP.	13					
TOTAL CLAIMS	16					

	* IND. * DEP.		* IND. * DEP.		* IND. * DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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